

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Non-Emergency Certificate  
from Sheena English dba Syncere Love  
Transportation, LLC

300951  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2021 - 212 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sheena English

Telephone: 803-297-3206

Address: 1944 Horrell Hill Road

Fax:

Hopkins, SC 29061

Other:

Email: senglish0206@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

OK

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: June 18, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Syncere Love Transportation, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1944 Horrell Hill Road Hopkins, SC 29061  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-297-3206  
Phone

Fax

senglish0206@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

#### Assets:

Value of Real Estate	0
Value of Motor Vehicles	0
Cash on Hand	0
Cash in Bank	0
Value of Other Assets and Equipment	0
<b>Total Assets</b>	0

#### Liabilities:

Mortgage/Loan on Real Estate	0
Loans Owed on Motor Vehicles	0
Business/Other Loans Owed	0
Other Liabilities or Debts	0
<b>Total Liabilities</b>	0

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Ambulatory- Base Rate: Weekdays \$25-\$30 Weekends \$30-\$40 Holidays \$35-40

Wheelchair- Base Rate: Weekdays \$45-\$50 Weekends \$75-\$90 Holidays \$85-\$100

Wait-time Fees (per 30minutes) \$15-\$30

Additional Mileage Fees Weekdays \$3-\$5 per mile Weekends \$5-\$7 per mile Holidays \$5-\$10 per mile

Additional Attendant \$5-\$10

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT
Chrysler	2014 T & C Touring	2C4RC1BG4ER218163	4,652 lbs	

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Sheena English

Name of Applicant

1944 Horrell Hill Road Hopkins, SC 29061

Address of Applicant

## Amount of Premium:

Liability Insurance \$ 500,000.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	<u>100,000.00</u>
Medical Payments per Person	\$ 1,000	<u>100,000.00</u>

BiBERK Insurance

Name of Insurance Company

P.O. Box 113247 Stamford, CT 06911-3247

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

## NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

---

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.  
  
☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.  
  
☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.  
  
☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.  
  
☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

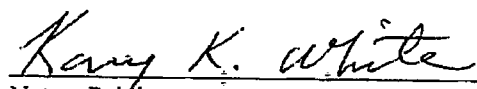
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

\_\_\_\_\_  
Owner  
Title of Applicant (c.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Richland )

SWORN TO BEFORE ME  
This 18<sup>th</sup> day of June, 2021

  
Notary Public

Commission Expires 4-22-2031

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Syncere Love Transportation, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 15th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 15th day  
of June, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210615-1533242

Filing Date: 06/15/2021

Jun 15 2021  
REFERENCE ID: 805321

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Syncere Love Transportation, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
1944 Horrell Hill Rd

(Street Address)

Hopkins, South Carolina 29061

(City, State, Zip Code)

3. The initial agent for service of process is

Sheena English

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
1944 Horrell Hill Road

(Street Address)

Hopkins

(City)

South Carolina 29061

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Sheena English

(Name)

1944 Horrell Hill Rd

(Street Address)

Hopkins, South Carolina 29061

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2021

REFERENCE ID: 805321

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Syncere Love Transportation, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2021

REFERENCE ID: 805321

  
SECRETARY OF STATE OF SOUTH CAROLINA

Syncere Love Transportation, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Sheena English

Signature of Organizer

Date: 06/15/2021

Signature of Organizer

Date:

## Syncere Love Transportation

Thank you for providing biBERK the opportunity to quote your Workers' Compensation insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

Workers' Compensation Quote: 4752516

# \$185.87

Payment per month, 9 consecutive payments  
\$418.20 down payment  
\$2,091.00 total cost

Policy Start Date 6/23/2021 Coverage for one year.  
Quote pricing is valid for 10 days from the policy start date.

Payments begin 30 days, 90 days, or six months after purchase based on the payment terms selected and continue for consecutive periods until the policy is paid in full.

Save \$7.00 per payment by selecting autopay or by paying the total policy cost.

### COVERAGES

- ✓ Workers' Compensation
- ✓ Employer's Liability Insurance

### EMPLOYER'S LIABILITY LIMIT

Each Accident	\$100,000
Policy	\$500,000
Each Employee Limit	\$100,000

Questions?  
Your licensed team is here to help.

✉ [experts@biberk.com](mailto:experts@biberk.com)

☎ **1-844-472-0967**  
Mon-Fri, 8AM-9PM EST

### Why biBERK insurance?

We're backed by Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$30 billion a year to resolve claims.

- Outstanding customer service
- Online certificates of insurance
- Affordable plans

### Customer Reviews

★★★★★ 4.8 / 5

Calculated from customer reviews over the past 12 months.

Workers' Compensation Policy Quote: 4752516

Quote Pricing Expires 07/03/21

## Policy Details of Your Workers' Compensation Plan

### Coverages

Specific events trigger coverage by this policy.

#### Workers' Compensation Policy

Workers' Compensation insurance pays for lost income and medical benefits for employees who are injured on the job. The amount of coverage is set by state law. Worker's Compensation insurance is usually required for businesses with employees.

#### Employer's Liability Insurance

Employer's Liability insurance is part of the standard Workers' Compensation policy, and typically pays for lawsuits related to on-the-job injuries that are not covered by Workers' Compensation (e.g., a claim for loss by a spouse when an employee is injured).

#### Excluded Owners and Officers

Sheena English

Workers' Compensation Policy Quote: 4752516

Quote Pricing Expires 07/03/21

## Coverage Details

Headquarters State: South Carolina

Description	Class Code	Premium Basis: Total Estimated Annual Payroll	Rate per \$100 of Payroll	Estimated Annual Premium
BUS COMPANY	7382	\$25,000.00	7	\$1,751
SC: Variable Insurance Annual Premium				\$1,751
Fixed Insurance Premium				\$340
<b>Total Estimated Annual Premium</b>				<b>\$2,091</b>
<b>Total Estimated Annual Cost</b>				<b>\$2,091</b>



Workers' Compensation Policy Quote: 4752516

Quote Pricing Expires 07/03/21

## Why You Need Workers' Compensation Insurance

Workers' Compensation insurance, also called "workers' comp" or "workman's comp," is valuable to you and your employees as it provides financial protection in the event of a job-related accident or illness.

### State Requirements

Workers' Compensation insurance is regulated on a state-by-state basis but is generally mandatory for businesses with employees. Benefits are set by state law.

### Potential Lawsuits

Workers' Compensation insurance is highly recommended for all businesses with employees due to the possibility of costly lawsuits. Whether action taken against your business is substantiated or groundless, we provide legal counsel, saving you money and giving you peace of mind.\*

### Obtaining Contracts

Many clients in Transportation & Warehousing will require that you have a Certificate of Workers' Compensation Insurance before they will sign a contract with you.

### Backed by Berkshire Hathaway

You can insure your business with confidence when you work with biBERK. We're backed by Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$30 billion a year to resolve claims. From jargon-free policies providing affordable, comprehensive coverage for your operations, people, and property, to attentive customer service, it's easy to understand why more businesses are turning to biBERK.

Workers' Compensation Policy Quote: 4752516

Quote Pricing Expires 07/03/21

### Cancellation Policy

To cancel your policy, please call one of our insurance consultants at 1-844-472-0967. Please note that policies cannot be cancelled by voicemail or email. Please be aware that state regulations or policy language may affect when we are able to offer cancellation.

#### \*Subject to the Following Terms and Conditions:

Your Annual Premium is subject to change after coverage has been bound. Please be aware that the information submitted to us by you is subject to verification via an annual audit in accordance with the terms of your policy.

A portion of your down payment (amount varies by state) that's calculated to cover our costs of issuing policies may be non-refundable once your policy has been in effect for one day.

If you cancel the policy, the premium earned prior to cancellation will be increased (multiplied by a factor to determine the short rate penalty premium). The maximum factor that can be applied to your earned premium is 18.24. This factor applies if you cancel the first day of your policy period. The final premium will not be less than the full highest minimum premium for the classifications covered by this policy.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and will likely subject the person to criminal penalties, civil penalties, and/or loss of insurance benefits depending on the state.

For full terms and conditions, please visit <https://www.biberk.com/terms>.

Workers' Compensation Policy Quote: 4752516

Quote Pricing Expires 07/03/21

## Application Questions & Answers

Answers I provided to biBERK are true, correct and complete to the best of my knowledge.

Number of Employees

1

ZIP Code

29061

Business Industry

Paratransit (Disabled Persons)

How is your business structured?

Limited Liability Co. (LLC)

How many business owner(s) or officers do you want to be covered by the policy?

0

What is your total estimated payroll for the next 12-months?

\$25,000.00

Located In

I Run My Business Out of My Home

When do you want your policy to start?

06/23/2021

When did you start your business?

Brand new venture or Started earlier this year

Workers' Compensation Policy Quote: 4752516

Quoted Pricing Expires 07/03/21

Do you have multiple locations in more than one state?

No

In the past 3 years how many Workers' Compensation claims were reported?

0

Do you review MVRs for all employees with a driving exposure?

Yes at the time of hire and annually

How many years have you been in business?

0

Do you currently have a Workers Compensation insurance policy in effect?

No

When was your last policy in effect?

Never no prior insurance

**APPLICATION FOR DRUG- AND ALCOHOL-FREE WORKPLACE PREMIUM CREDIT PROGRAM**Name of Employer: Syncere Love Transportation

Date Program Implemented: \_\_\_\_\_

This form must be completed by you and returned to your carrier with a copy of applicable documentation as proof of compliance before the premium credit of 5% can be established and processed. *A program must be certified during each year the employer receives credit.* Failure to do so will remove you from eligibility for this credit.

**Following are the four minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply.**

- ☐ **1. Substance Abuse Policy Statement:**  
By law, any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance abuse-free environment.
- ☐ **2. Employee Notification:**  
In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement, and the employer's expectations under the program. Notification should be, and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice. Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the-employee correspondence or benefits delivery.
- ☐ **3. Testing Procedure:**  
The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer. If a second test is administered, the testing procedure may allow for a single sample to be split for use in the first and second tests. Positive test results must be provided in writing to the employee within 24 hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.
- ☐ **4. Test Results Confidentiality Protocols:**  
Test results, information, interviews, reports, statements, and memorandums received by the employer must be considered confidential but may be used or received in evidence, obtained in discovery, or disclosed in any civil or administrative proceeding. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting carrier. Employers, laboratories, medical review officers, carriers, drug or alcohol rehabilitation programs, and employer drug prevention programs, and their agents who receive or have access to information concerning test results, must keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or their designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, an order of a court of competent jurisdiction, or the determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:
- (1) The name of the person who is authorized to obtain the information;
  - (2) The purpose of the disclosure;
  - (3) The precise information to be disclosed;
  - (4) The duration of the consent; and
  - (5) The signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

**I certify that the above information is accurate. If it is determined that there is any misrepresentation of the established drug- and alcohol-free workplace premium credit program requirements, I may be subject to an additional premium charge. This is a true and factual depiction of my current program.**

_____ Employer Name	_____ Date	_____ Signature <sup>1</sup>
		_____ Title
_____ Notary Public's Signature	_____ Date	_____ Exp. of Commission

<sup>1</sup> Application must be signed by an officer, partner, sole proprietor, LLC member, or owner.

**NCCI Basic Manual – 2001 Edition – South Carolina  
MISCELLANEOUS RULES-DRUG AND ALCOHOL FREE  
WORKPLACE CREDIT PROGRAM**

*Effective 02 Jun 2014 12:00:01*

**Drug – and Alcohol- Free Workplace Premium Credit Program**

Employers that have established a drug- and alcohol- free workplace will receive a drug- and alcohol-free workplace premium credit of 5% (Credit). In order to receive the Credit, the employer must:

- Meet all four of the requirements of the Workplace Drug and Alcohol Abuse Prevention Program Guidelines
- Self-certify annually and maintain its certified drug- and alcohol-free workplace program during each year the employer receives the Credit

Self-certification may be accomplished by completing the Application for Drug- and Alcohol-Free Workplace Premium Credit Program form. Self-certification is subject to physical verification by the carrier. All Credits must be based on evidence contained in the file of the carrier at the time that the Credit is allowed.

Minimum premium policies are not eligible for this Credit.

The Credit is applied to the policy (voluntary or assigned risk) in a multiplicative manner after increased limits factors and deductible credits, if applicable, but before the application of any experience rating modification and before the application of any other premium adjustments and the expense constant.

The policy is subject to additional premium, for reimbursement of the Credit, and cancellation provisions of the policy if it is determined that there is any misrepresentation of the established Workplace Drug and Alcohol Abuse Prevention Program Guidelines.

Expected losses used in the calculation of the experience rating modification will be decreased by the policy credit percentage (5%).

Credits must be reported in accordance with NCCI's ***Statistical Plan for Workers Compensation and Employers Liability Insurance***.

## Workplace Drug and Alcohol Abuse Prevention Program Guidelines:

1. *Substance Abuse Policy Statement.* By law, any policy must be designed to help employees who need substance abuse assistance while, at the same time, sending a clear message that the abuse of drugs and alcohol is not compatible with employment in that employer's workplace. The policy statement must evidence both the employer's respect for its employees and the employer's need to maintain a safe, productive, substance-abuse-free environment.
2. *Employee Notification.* In order to protect the individual rights of each employee and to begin the employee education process necessary for a well-defined, well-managed workplace drug and alcohol abuse prevention program, each existing employee and each new employee hired after program implementation must be given a clear, concise, readable notice of the program, the program's requirements, the policy statement, and the employer's expectations under the program. Notification should be, and should remain, posted in employee common areas. In addition, each existing employee and each new employee must be given, by mail or by in-person delivery, a copy of the notice. Delivery may be accomplished by inclusion of the notice within the employee's paycheck package or any similarly important-to-the-employee correspondence or benefits delivery.
3. *Testing Procedure.* The testing procedure must include a provision for random sampling of all persons who receive wages and compensation in any form from the employer. If a second test is administered, the testing procedure may allow for a single sample to be split for use in the first and second tests. Positive test results must be provided in writing to the employee within 24 hours of the time the employer receives the test results. Each employer must keep records of each test for up to one year.
4. *Test Results Confidentiality Protocols.* Test results, information, interviews, reports, statements, and memorandums received by the employer must be considered confidential but may be used or received in evidence, obtained in discovery, or disclosed in any civil or administrative proceeding. The burden to protect against unauthorized release is placed not only upon the employer and any laboratory, medical review officer, or rehabilitation program or their agents, but also upon the underwriting carrier. Employers, laboratories, medical review officers, carriers, drug or alcohol rehabilitation programs, and employer drug prevention programs, and their agents who receive or have access to information concerning test results, must keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the employee tested or their designee unless the release is completed through disclosure by an agency of the State in a civil or administrative proceeding, an order of a court of competent jurisdiction, or the determination of a professional or occupational licensing board in a related disciplinary proceeding. The consent form must contain, at a minimum:
  - (1) The name of the person who is authorized to obtain the information;
  - (2) The purpose of the disclosure;
  - (3) The precise information to be disclosed;
  - (4) The duration of the consent; and
  - (5) The signature of a person authorizing release of the information.

Information on test results shall not be released for or used or admissible in any criminal proceeding against the employee.

## **Policyholder Disclosure Notice of Terrorism Insurance Coverage**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.